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§ 14520

WELFARE AND INSTITUTIONS CODE

CHAPTER 8.7. ADULT DAY HEALTH CARE PROGRAMS

Operative Effect

Chapter 8.7 remains operative, subject to funding. See note under § 14520.

ARTICLE 1. GENERAL PROVISIONS

Operative Effect

Article 1 remains operative subject to funding. See, note under § 14520.

§ 14520. Short title

1982 Legislation.

Section 18 of Stats.1982, c. 1490, p. —, repealed § 7 of Stats.1977, c. 1066, leaving Chapter 8.5 [now Chapter 8.7] in full force and effect.

Section 19 of Stats.1982, c. 1490, p. —, provides:

"Chapter 3.5 (commencing with Section 1570) of Division 2 of the Health and Safety Code and Chapter 8.5 (probably should read Chapter 8.7) (commencing with Section 14520) of Part 3 of Division 9 of the Welfare and Institutions Code shall be operative only in a fiscal year during which the budget act for that fiscal year provides funding for the purposes of those chapters."

§ 14521. Legislative intent

It is the intent of the Legislature in enacting this chapter to establish adult day health care as a Medi-Cal benefit and allow persons eligible to receive the benefits under Chapter 7 (commencing with Section 14000) of this part, and who have medical or psychiatric impairments, to receive adult day health care services. It is the intent of the Legislature in authorizing such a Medi-Cal benefit to establish and continue a community-based system of quality day health services which will (1) ensure that older persons not be institutionalized prematurely and inappropriately, (2) provide appropriate health and social services designed to maintain older persons in their own homes, and (3) establish adult day health care centers in locations easily accessible to the economically disadvantaged older person.

(Amended by Stats.1982, c. 1490, p. —, § 11.)

ARTICLE 2. ELIGIBILITY, PARTICIPATION, AND DISCHARGE

Operative Effect

Article 2 remains operative, subject to funding. See note under § 14520.

§ 14529. Multidisciplinary health team

The multidisciplinary health team conducting an assessment pursuant to Section 14528 shall consist of at least the individual's personal physician or a staff physician, or both, a registered nurse, social worker, occupational therapist, and physical therapist. The assessment team shall:

(a) Determine the medical, psychosocial, and functional status of each participant.

(b) Develop an individualized plan of care, including goals, objectives, and services designed to meet the needs of the person, which shall be signed by each member of the multidisciplinary team, except that the signature of only one physician member of the team shall be required.

(c) At least quarterly reassess the participant's individualized plan of care and make any necessary adjustments to the plan.

(Amended by Stats.1982, c. 1490, p. —, § 12.)

§ 14530. Individualized plans of care; participation agreement

Individualized plans of care and individual monthly service reports shall be submitted to the department. Each provider shall supply a written statement to the participant explaining what services will be provided and specifying the scheduled days of attendance. Such statement, which shall be known as the participation agreement, shall be signed by the participant and retained in the participant's file.

(Amended by Stats.1982, c. 1490, p. —, § 13.)

Underline indicates changes or additions by amendment

§ 14550

PUBLIC SOCIAL SERVICES

Div. 9

Article 3

SERVICES AND STANDARDS

Sec.

- 14550. Required services.
- 14551. Additional services.
- 14552. Standards for certification as a provider.
- 14553. Policies and procedures.
- 14554. Medical records.
- 14555. Grievance procedures.
- 14556 to 14565. Repealed.

Article 3 was added by Stats.1977, c. 1066, p. 3231, § 5.

Repeal

Article 3 is repealed on Jan. 1, 1983, see Historical Note under § 14520.

✓ § 14550. Required services

Adult day health centers shall offer, and shall provide directly on the premises, at least the following services:

(a) Rehabilitation services, including the following:

(1) Occupational therapy as an adjunct to treatment designed to restore impaired function of patients with physical or mental limitations.

(2) Physical therapy appropriate to meet the needs of the patient.

(3) Speech therapy for participants with speech or language disorders.

(b) Medical services supervised by either the participant's personal physician or a staff physician, or both, which emphasize prevention treatment, rehabilitation, and continuity of care and also provide for maintenance of adequate medical records. To the extent otherwise permitted by law, medical services may be provided by registered nurses practicing under standardized procedures, or, if the Board of Registered Nursing defines standards for nurse practitioners, by nurses meeting such standards.

(c) Nursing services, including the following:

(1) Nursing services rendered by a professional nursing staff, who periodically evaluate the particular nursing needs of each participant and provide the care and treatment that is indicated.

(2) Self-care services oriented toward activities of daily living and personal hygiene, such as toileting, bathing, and grooming.

(d) Nutrition services, including the following:

(1) The program shall provide a minimum of one meal per day which is of suitable quality and quantity as to supply at least one-third of the daily nutritional requirement. Additionally, special diets and supplemental feedings shall be available if indicated.

(2) Dietary counseling and nutrition education for the participant and his family shall be a required adjunct of such service.

(e) Psychiatric or psychological services which include consultation and individual assessment by a psychiatrist, clinical psychologist, or a psychiatric social worker, when indicated, and group or individual treatment for persons with diagnosed mental, emotional, or behavioral problems.

(f) Social work services to participants and their families to help with personal, family, and adjustment problems that interfere with the effectiveness of treatment.

(g) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise, to prevent deterioration, and to stimulate social interaction.

✓ (h) Transportation service for participants, when needed, to and from their homes utilizing specially equipped vehicles to accommodate participants with severe physical disabilities that limit their mobility.

(i) Written procedures for dealing with emergency situations. Such written procedures shall include the name and telephone number of a physician on call, written arrangements with a nearby hospital for inpatient and emergency room service, and provision for ambulance transportation.

(Added by Stats.1977, c. 1066, p. 3231, § 5.)

Historical Note

Former § 14550, added by Stats.1965, 2d Ex.Sess., c. 4, p. 127, § 4, specifying that definitions governed construction of chap., was repealed by Stats.1965, c. 21, p. 1625, § 68.

Original § 14550, added by Stats.1965, c. 1784, p. 4064, § 5, derived from former § 4730, added by Stats.1961, c. 1227, p. 2971, § 1, relating to eligibility for assistance to aged, was repealed by Stats.1965, 2d Ex.Sess., c. 4, p. 125, § 3.

Cross References

Subcontracts to provide basic services specified in this section, see § 14577.

Library References

Social Security and Public Welfare
C-241.92

C.J.S. Social Security and Public Welfare
Part § 134.

TITLE 17

**CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM**

§ 6842
(p. 144.25)

(Register 80, No. 21—8-24-80)

(c) The costs of diagnosis and treatment services provided to Medi-Cal beneficiaries as a result of health assessments shall be reimbursed by the State in accordance with the Medi-Cal fee schedules, subject to any applicable Medi-Cal program limitations.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Section 323, Health and Safety Code.

HISTORY:

1. Amendment filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

Article 4. Required Services

6840. Required Services.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Sections 321.2 (a)-(e), Health and Safety Code.

HISTORY:

1. Repealer filed 12-1-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

6842. Outreach and Health Education.

(a) Plan. Each community child health and disability prevention program shall develop, plan and implement community outreach and health education activities which are related to the community's needs and resources. Activities may include, but are not limited to, community organization, staff training, consultation with children and families, staff services to community child health and disability prevention program advisory boards, and the development and dissemination of informational and educational material for the public, potential users and providers of the program's services, advisory board members, local agencies and community groups.

(b) Outreach. An outreach program shall be as follows:

(1) Community child health and disability prevention programs shall develop outreach programs to involve persons in the use of preventive health services. Outreach and health education services shall be designed to ensure that the only reason eligible persons do not participate in the health assessment and referral for diagnosis and treatment portions of the program is because they intelligently and knowingly decline such participation for reasons unrelated to availability and accessibility of the health assessment, diagnosis and treatment services.

(2) In cooperation with the community child health and disability prevention program, the governing body of every school district or private school which has children enrolled in kindergarten shall, at the time the parent or guardian registers a child in kindergarten, inform the parents or guardians as follows:

(A) It is statutorily required that children provide, within 90 days after entrance into the first grade, either a certificate to the school documenting that within the prior 18 months the child has received the appropriate health assessment required by law, or a waiver signed by the parent or guardian indicating that they do not want or are unable to obtain such health assessments for their children.

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TITLE 17

**CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM**

**§ 6843
(p. 144.27)**

(Register 80, No. 21—5-24-80)

(c) Frequency. An annual referral to a dentist for dental services shall be offered each eligible Medi-Cal recipient three years of age and older. Dental providers, approved for participation in the Medi-Cal program, shall be reimbursed for diagnosis resulting from this annual referral, and for dental care needed for relief of pain and infections, restoration of teeth and maintenance of dental health.

(d) Offer of assistance with transportation and scheduling appointments. Medi-Cal beneficiaries shall be offered assistance with transportation and scheduling appointments for initial and periodic dental examinations. The response to this offer shall be recorded, and this assistance shall be provided if requested by the beneficiary.

(e) Completion of referral. All reasonable steps shall be taken to ensure that Medi-Cal beneficiaries eligible to receive an initial or a periodic dental examination, and who request a referral, complete the referral. An *initial* dental examination shall normally be completed within 120 days from either the date the beneficiary requests the referral, or the date the beneficiary was certified eligible to receive Medi-Cal benefits, whichever occurs later. A *periodic* dental examination shall normally be completed within 120 days from either the date the beneficiary requests the referral, or the last day of the month in which the annual dental examination was due, whichever occurs earlier.

(f) Referral sources. The first source of referral for dental services shall be the person's usual source of licensed dental care. If no usual source of licensed dental care can be identified, the person shall be given, without prejudice for or against any one source, the names and locations of at least three sources of dental care, when available, which have been approved as providers of dental services by the California Medical Assistance Program. Although the family or recipient may choose to receive dental diagnostic and treatment services from a provider of its choice, to be eligible for state reimbursement, these services shall be provided by Medi-Cal approved providers and in accordance with the provisions of the California Administrative Code, Title 22, Division 3 and subject to any applicable Medi-Cal program limitations.

(g) Documentation. If initial or periodic dental services were not provided to a Medi-Cal beneficiary who had requested such services and who also had requested assistance with transportation or scheduling appointments for services, documentation must exist showing that the family or person lost eligibility, could not be located despite a good faith effort to do so, or the person's failure to receive the services was due to an action or decision by the family or person, rather than a failure by the community child health and disability prevention program to meet requirements of this subchapter, including the requirement to offer and provide assistance with transportation and scheduling appointments for services.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Sections 321.2, 322.7 and 323.7, Health and Safety Code.

HISTORY:

1. New section filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.

2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).

3. Amendment of subsection (a) (1) filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

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TITLE 17

**CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM**

§ 6846
(p. 144.29)

(Register 80, No. 13—3-29-80)

6846. Health Assessment.

(a) Conditions. The following conditions apply to health assessments provided to eligible persons:

(1) A health assessment shall not be provided without the voluntary consent of the patient.

(2) A health assessment shall not be provided to minors without the prior and written consent of the minor's parent or guardian unless one or more of the following circumstances exist:

(A) The minor is emancipated.

(B) The minor is married.

(C) The minor is a member of the military forces.

(D) Provision of the service is exempted from parental consent by federal or state statute or regulation.

(b) Required screening procedures. Unless medically contraindicated or deemed inappropriate by the health assessment provider, or refused by the person, health assessments shall include the following procedures:

(1) Health and developmental history.

(2) Unclothed physical examination including assessment of physical growth.

(3) Assessment of nutritional status.

(4) Inspection of ears, nose, mouth, throat, teeth and gums.

(5) Vision screening.

(6) Hearing screening.

(7) Tuberculin testing and laboratory tests appropriate to age and sex, including tests for anemia, diabetes and urinary tract infections.

(8) Testing for sickle cell trait and lead poisoning where appropriate.

(9) Immunizations appropriate to age and health history necessary to make status current. (Patient shall also receive, subsequent to the health assessment, any immunizations which could not be given during the assessment, and any immunizations necessary to complete a series which could not be completed during the assessment.)

(10) Health education and anticipatory guidance appropriate to age and health status.

(c) Additional screening procedures. A community child health and disability prevention program may include screening procedures in its program, additional to the ones included in this section, if those procedures are approved by the Department and the State Child Health Board.

(d) Rechecks. In those instances where a person is eligible for state reimbursement of health assessment costs, reimbursement may be made for one recheck of those screening procedures (excluding the Health History and Physical Examination) and laboratory tests where such a recheck is medically indicated because questionable or marginal results were obtained during the prior screening.

(e) Results of health assessment. The results of the health assessment shall be handled as follows:

(1) Health assessment providers shall provide the person with a copy of the results of the screening tests, with an appropriate explanation of the results. Such notification and discussion of screening test results, unless provided by a licensed or certified practitioner of the healing arts, shall be free of diagnostic statements or suggestions that the person needs any particular treatment. Specifically, no medical care or special education plan shall be instituted solely on the basis of the health screening results.

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TITLE 17

**CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM**

§ 6848
(p. 144.31)

(Register 80, No. 21—5-24-80)

The following table is a guide for the minimum frequency at which health assessments shall be provided to persons eligible for periodic assessments:

Under 1 month old.....	(1 month)
1 through 2 months old.....	(2 months)
3 through 4 months old.....	(2 months)
5 through 6 months old.....	(2 months)
7 through 9 months old.....	(3 months)
10 through 12 months old.....	(3 months)
13 through 17 months old.....	(5 months)
18 through 23 months old.....	(6 months)
2 years old	(1 year)
3 years old	(1 year)
4 through 5 years old	(2 years)
6 through 8 years old	(3 years)
9 through 12 years old.....	(4 years)
13 through 16 years old.....	(4 years)
17 through 20 years old	

(d) Additional Health Assessments. The frequency indicated in this section is considered a minimum for preventive health care. More frequent health assessments will be reimbursed when the additional assessment is deemed appropriate by the health assessment provider. Circumstances which may indicate the need for more frequent assessments include the following:

- (1) The parents have or the person has a particular need for education and guidance.
- (2) There is the presence or possibility of perinatal disorders (such as low birth weight, low Apgar scores at birth, prolonged labor).
- (3) The person is or will be exposed to a potentially stressful environment—for example, camp or contact sports—before the next periodic health assessment indicated by the periodicity schedule is due.

(e) Limitations. Reimbursement at more frequent intervals will not be made for a health assessment of an individual for the purpose of monitoring or treating a specific disease or disorder previously diagnosed, or for a person whose overall health status requires ongoing treatment care. Such individuals are still eligible for regular assessments if they are otherwise eligible for CHDP services.

NOTE: Authority cited: Sections 208, 321 and 323.7, Health and Safety Code. Reference: Sections 320 and 323.7, Health and Safety Code.

HISTORY:

1. New section filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).
3. Amendment of subsections (c) and (d) (2) filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

6848. Certification for School Entry.

(a) If a child receives a health assessment under provisions of this subchapter, and must present documentation to the school in which the child is to enroll that the appropriate health screening procedures specified in Section 6846 have been performed, the physician providing or supervising such screening shall give the child or parent or guardian a certificate documenting that the child has received the appropriate health screening procedures. The certificate shall be provided whether the cost of the health assessment is reimbursed by the State or paid on behalf of the child.

§ 6852
(p. 144.34)

CHILD HEALTH AND DISABILITY
PREVENTION PROGRAM

TITLE 17

(Register 80, No. 21—4-24-80)

program and providers, and between the community program and other appropriate individuals and agencies participating in the community program, may be part of the referral and follow-up system.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Sections 321.2, 323.7 and 324, Health and Safety Code.

HISTORY:

1. New section filed 4-16-79, correcting inadvertent omission of Section 6850 from 3-29-79 filing of Subchapter 3; effective 5-16-79 (Register 79, No. 15).
2. Repealer and new section filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
3. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).
4. Amendment of subsections (a) (4) and (6) filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

6852. Diagnosis and Treatment.

(a) To be eligible for state reimbursement, diagnostic and treatment services, which may be required by Medi-Cal beneficiaries as a result of a health assessment received, shall be provided by providers approved for participation in the California Medical Assistance Program. The diagnostic and treatment services shall be in accordance with the provisions of the California Administrative Code, Title 22, Division 3 and subject to any applicable Medi-Cal program limitations.

NOTE: Authority cited: Sections 208 and 321, Health and Safety Code. Reference: Section 323, Health and Safety Code.

HISTORY:

1. Amendment filed 11-28-79 as an emergency; effective upon filing (Register 79, No. 48). A Certificate of Compliance must be filed within 120 days or emergency language will be repealed on 3-28-80.
2. Certificate of Compliance filed 3-27-80 (Register 80, No. 13).
3. Amendment filed 5-22-80; effective thirtieth day thereafter (Register 80, No. 21).

Article 5. Providers of Health Screening and Evaluation Services

6860. Conditions of Participation.

(a) Dental diagnostic and treatment services shall be provided by or under the supervision of a dentist licensed to practice dentistry in California. To be eligible for state reimbursement, billing for dental services shall be in accordance with the regulations governing the California Medical Assistance Program.

(b) Health assessments shall be performed by or under the supervision and/or responsibility of a physician licensed to practice medicine in California. These services shall be performed in accordance with the provisions of this subchapter.

(c) Each individual, partnership, clinic, group, association, institution, or public or private agency desiring to participate in a community child health and disability prevention program as a provider of health assessments only, or as a provider of comprehensive health care, shall notify the director of that program of such intent. Notification shall be made to the director of each community child health and disability prevention program in which it is desired to provide service. Notification shall be in the manner established by the community program director.

(d) Physicians, medical clinics and medical groups may be approved for participation as providers in the community program by the community program director on receipt by the director of written notification stating the following:

51009. Confidential Nature of Records.

All individual medical records of beneficiaries acquired by individuals or institutions providing care, the Department, or any other state or local agency, or by any organization contracting to provide administrative services under this program, shall be confidential and shall not be released without the written consent of the beneficiary or his personal representative. This shall not preclude the release of statistical or summary data or information in which individual beneficiaries are not, and cannot be, identified, nor shall it preclude exchange of information between individuals or institutions providing care, fiscal intermediaries, and state or local official agencies. Neither shall this section preclude exchange of information necessary for the purpose of effecting recovery as provided in Welfare and Institutions Code, Sections 10020 through 10025, 14024 and 14124.70 through 14124.79 with persons liable thereunder.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing, Certificate of Compliance filed 6-9-67 (Register 67, No. 23).
2. Amendment filed 11-15-68; effective thirtieth day thereafter (Register 68, No. 43).
3. Amendment filed 7-13-73; effective thirtieth day thereafter (Register 73, No. 28).
4. Editorial correction (Register 81, No. 38).

51011. Identification of Beneficiary.

All out-of-hospital and inpatient services may be provided subject to the limitations specified in the scope of benefits, and subject to the Medical Assistance classification of the beneficiary upon presentation by a beneficiary of a valid medical care eligibility card issued by a local welfare department, except where these regulations specify that prior authorization for a specific service is required, and evidence of such authorization is presented or furnished, such card shall be deemed adequate authorization to provide services up to the expiration date specified on the card.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing, Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51013. Crippled Children Services.

Whenever a beneficiary under age 21 has a medical or surgical condition which would qualify for services under Crippled Children Services, he shall be referred to that program for case management services and prior authorization by the appropriate local or state administrative agency for Crippled Children Services in the county in which the patient lives. Needed medical care not normally provided through Crippled Children Services shall be provided through the procedures established in these regulations.

HISTORY:

1. Refiled 6-5-67 as an emergency; effective upon filing, Certificate of Compliance filed 6-9-67 (Register 67, No. 23).

51014. Vocational Rehabilitation Services.

Whenever a service is recommended on behalf of a Medi-Cal beneficiary on the basis that such service is needed for vocational rehabilitation, he shall be referred to the State Department of Rehabilitation for counseling and evaluation. If the Department concurs in the vocational relevancy of the proposed service, it will provide case management services and make appropriate recommendations on requests for prior authorization to the Medi-Cal consultant.

HISTORY:

1. New section filed 5-31-68; effective thirtieth day thereafter (Register 68, No. 21).

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Div. 1

Pt. 1 DISABILITY PREVENTION PROGRAM

§ 317. Units of food and prices

Nutrition coupons, so far as feasible, shall reflect the unit price of foods selected by the department to meet the nutritional needs of the participants in the pilot project. Each coupon shall be specifically designated as to the unit of food for which it is redeemable.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment §6.
Infants §13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

§ 318. Contracts for redemption of coupons

The department shall, if it establishes a pilot program pursuant to Section 311, investigate the feasibility of contracting with one or more banks in the area served by the pilot project for the redemption of nutrition coupons.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment §6.
Infants §13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

§ 319. Report to legislature

If the department establishes a pilot program pursuant to Section 311, it shall submit a report to the Legislature by July 1, 1972, on its findings concerning the need for, and development of, a supplemental nutritional program for needy pregnant mothers and infants under one year of age, suffering from malnutrition.

(Added by Stats.1971, c. 1029, p. 1977, § 1.)

Library References

Health and Environment §6.
Infants §13.

C.J.S. Health and Environment § 13.
C.J.S. Infants §§ 5, 92, 93, 95 to 98.

Article 3.4

CHILD HEALTH DISABILITY PREVENTION PROGRAM

Sec.

320. Legislative finding and declaration.

320.2. Definitions.

320.5. State child health board.

320.7. State advisory committee on child abuse; creation; membership; duration of section.